



# Interoffice Memo

**DATE:**

**PHONE:**

**FROM:** **AUTHOR'S NAME**, Author's Title  
Author's Department

**NOTE:** This memo places an employee on leave restriction due to excessive and/or patterned absenteeism, excluding protected leave.

**TO:** **RECIPIENT NAME(S)**, Recipient Title(s)  
Recipient Department(s)

<b>SUBJECT</b>	<b>ABSENTEEISM CORRECTIVE ACTION PLAN – LEAVE RESTRICTION</b>
----------------	---

This memo is to advise you that the department continues to have serious concerns with your excessive absenteeism. The attached analysis of your leave usage was done for the period covering [DATE] through [DATE]. According to this analysis, you have been absent from work due to illness/injury, for yourself or others, for approximately [XX] hours. This time excludes use of any protected time (e.g. FMLA, Labor Code 233, Workers' Compensation, etc.) Of additional concern is that your leave usage shows a pattern of [DESCRIBE PATTERN HERE – MONDAYS/FRIDAYS/DAY AFTER HOLIDAY, ETC].

Due to your failure to demonstrate immediate and sustained improvement, the following conditions are effective immediately:

1. You are expected to follow the procedures as outlined in the [cite appropriate MOU language]. You are required to call in between xxx and xxx and you are required to speak to one of the contacts listed below. You are not permitted to leave a message. This expectation for calling in is for any reason when you will not be available to work at your appointed start time.
2. When calling in to report illness or injury, you are to personally speak to your supervisor \_\_\_\_\_ at (909) \_\_\_\_\_. If \_\_\_\_\_ is not available, you are to call \_\_\_\_\_ at (909) \_\_\_\_\_ (Manager). If both \_\_\_\_\_ and \_\_\_\_\_ are unavailable you are to contact \_\_\_\_\_ at (909) \_\_\_\_\_ (Deputy Director).
3. You will be required to provide medical verification for all absences (other than protected time) due to illness (your own or a family member). For single-day absences, this medical verification must be provided upon your return to work. For absences of more than one day, the medical verification should specify how soon you may be able to return to work and the medical verification must be delivered to me (via fax, mail or in person). Any absences due to illness or injury not supported by a timely medical verification will be considered an unapproved absence without pay. Unapproved absences are considered misconduct and are subject to disciplinary action.
4. Sick leave will only be paid for authorized absences due to illness (as specified by the MOU). No other leave types will be approved for this purpose. If you do not have sufficient paid sick

ABSENTEEISM CORRECTIVE ACTION PLAN – LEAVE RESTRICTION  
DATE

leave to cover an approved absence due to illness or injury, the time must be coded as sick leave without pay.

5. All other leave (Vacation, Holiday or Comp-time) will require advance approval from your supervisor. Failure to request and receive advance approval will result in the leave being denied. However, should you have an emergency, please contact me or one of the above mentioned contacts, and your request will be considered. A bona fide emergency is specifically defined as a situation requiring your immediate response to address a set of circumstances. Acceptable evidence of this emergency will be required.

If there are other circumstances affecting your attendance which may not have been considered, such as FMLA/CFRA, ADA accommodations, please let me know as soon as possible or contact The Standard at (844) 239-3560.

Failure to demonstrate immediate and sustained improvement may result in disciplinary action up to and including termination. Please let me know if you have questions or concerns about the information contained in this memo.

A copy of this memorandum will be placed in your personnel file.

---

I have read and received a copy of this corrective plan.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

cc: Department Contacts (e.g. Mary Doe, Administrative Manager)  
Human Resources Officer (if appropriate)  
Department File (if appropriate)  
Official Personnel File (if appropriate)